

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Battle Born PAC

ADDRESS (number and street)

P.O. Box 370386

☐Check if different
than previously
reported. (ACC)

Las Vegas

NV

89137

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364596

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

01

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Cynthia L. Hampton

Signature of Treasurer

Electronically Filed by Cynthia L. Hampton

Date

02

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Battle Born PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		109914.24
(b) Cash on Hand at Beginning of Reporting Period	109914.24	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109914.24	109914.24
7. Total Disbursements (from Line 31)	74953.13	74953.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34961.11	34961.11
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Battle Born PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 1D D
3 1Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	24953.13	24953.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	24953.13	24953.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74953.13	74953.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74953.13	74953.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24953.13	24953.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24953.13	24953.13

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
Erin Casey

Mailing Address 514 G St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1143.62

B.

Full Name (Last, First, Middle Initial)
Erin Casey

Mailing Address 514 G St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1143.62

C.

Full Name (Last, First, Middle Initial)
Cynthia Hampton

Mailing Address 2004 Slow Wind St

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.905

Date of Disbursement

/ /

Amount of Each Disbursement this Period

692.62

SUBTOTAL of Disbursements This Page (optional)

2979.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) Cynthia Hampton	Transaction ID: SB21.906 Date of Disbursement																				
Mailing Address 2004 Slow Wind St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	8												
City Las Vegas State NV Zip Code 89134	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">923.50</td> </tr> </table>	923.50																			
923.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ron J. Steslow	Transaction ID: SB21.903 Date of Disbursement																				
Mailing Address 5850 Cameron Run Terr Apt 1523	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	0	8												
City Alexandria State VA Zip Code 22303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">183.95</td> </tr> </table>	183.95																			
183.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ron J. Steslow	Transaction ID: SB21.904 Date of Disbursement																				
Mailing Address 5850 Cameron Run Terr Apt 1523	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	8												
City Alexandria State VA Zip Code 22303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">183.97</td> </tr> </table>	183.97																			
183.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1291.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463	Transaction ID: SB21.005 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Phone Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>386.40</div>
B. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463	Transaction ID: SB21.006 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Phone Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>143.66</div>
C. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463	Transaction ID: SB21.016 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 8</div> </div>
City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Phone Service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>332.72</div>

SUBTOTAL of Disbursements This Page (optional)

862.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
CD, Inc

Mailing Address PO Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

542.92

B.

Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address P.O. Box 9001074

City Louisville State KY Zip Code 40290

Purpose of Disbursement
Credit Card (SEE MEMOS)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.009

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2198.24

C.

Full Name (Last, First, Middle Initial)
Congressional Liquors

Mailing Address 404 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
CATERING/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.A003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2741.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 7221	Transaction ID: SB23.A001 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 8</div> </div>
City Pasadena State CA Zip Code 91109 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>45.51</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hachette Book Group USA Mailing Address 322 South Enterprise Blvd City Lebanon State IN Zip Code 46052 Purpose of Disbursement Purchase of Books Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.011 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1405.69</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address 6398 West Sahara City Las Vegas State NV Zip Code 89146 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.A002 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>143.03</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering Costs - 1 Transaction

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 008" ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.012

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

413.26

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 3060 Williams Dr #200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll Services

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.907

Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

234.78

C.

Full Name (Last, First, Middle Initial)
Political Compliance Services

Mailing Address PO Box 373

City Fairfax Station State VA Zip Code 22039

Purpose of Disbursement
Administrative and Compliance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 008" ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.002

Date of Disbursement

01 / 03 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

734.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
Precision Lists Inc

Mailing Address 5653 Columbia Pike

City Falls Church State VA Zip Code 22041

Purpose of Disbursement
Generic List Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.010

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1425.00

B.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 1611 Spring Gate Ln

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement
Generic Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12500.00

C.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 1611 Spring Gate Ln

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement
Post Office Box Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.00

SUBTOTAL of Disbursements This Page (optional)

14035.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 1611 Spring Gate Ln

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1725.00

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 17120

City Tucson State AZ Zip Code 85731

Purpose of Disbursement
Phone Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 008"
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

583.13

SUBTOTAL of Disbursements This Page (optional)

2308.13

TOTAL This Period (last page this line number only)

24953.13

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) Friends of Roger Wicker Mailing Address P.O. Box 874	Transaction ID: SB23.003 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 8</div> </div>
City State Zip Code Tupelo MS 38802 Purpose of Disbursement CONTRIBUTION Candidate Name Roger Wicker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:	Amount of Each Disbursement this Period <div>5000.00</div>
B. Full Name (Last, First, Middle Initial) Friends of Roger Wicker Mailing Address P.O. Box 874 City State Zip Code Tupelo MS 38802 Purpose of Disbursement CONTRIBUTION Candidate Name Roger Wicker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:	Transaction ID: SB23.004 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Ogonowski For Senate Mailing Address 110 Pecham Road City State Zip Code Dracut MA 01826 Purpose of Disbursement CONTRIBUTION Candidate Name James Ogonowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	Transaction ID: SB23.007 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
Ogonowski For Senate

Mailing Address 110 Pecham Road

City State Zip Code
Dracut MA 01826

Purpose of Disbursement
CONTRIBUTION

Candidate Name
James Ogonowski

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: SB23.008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
PAC Challenge

Mailing Address PO Box 75103

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30000.00

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

50000.00